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| FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | R A | TTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/646,926 | 08/25/2003 | | Mitsuru Amimoto | | 03560.017496. | 1957 | |
| TITLE OF INVENTION | I: TRANSPARENT ORI | GINAL READING APPA | ARATUS AND ILLUMN | NATING APPARATUS | S FOR READING APPAR | RATUS | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE F | EE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1510 <u> </u> | \$300 | \$0 | \$1810 | 09/22/2009 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | | |
| GETANEH, MESFIN S | | 2625 | 358-509000 | _ | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to agents OR, alternated (2) the name of a single registered attorney or | of a single firm (having as a member a mey or agent) and the names of up to tent attorneys or agents. If no name is | | | |
| PLEASE NOTE: Uni | less an assignee is ident | ified below, no assignee | THE PATENT (print or ty data will appear on the T a substitute for filing ar | patent. If an assignee | is identified below, the de | ocument has been filed for | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Canon Kabushiki Kaisha Tokyo, Japan | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual XX Corporation or other private group entity ☐ Government | | | | | | | |
| | are submitted: No small entity discount p | permitted) | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-39 3 chelose an extra copy of this form). | | | | |
| 5. Change in Entity Sta | tus (from status indicated | | | | | | |
| | s SMALL ENTITY statu | | ☐ b. Applicant is no los | nger claiming SMALL | ENTITY status. See 37 Cl | FR 1.27(g)(2). | |
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| Authorized Signature | /John A. | Krause/ | | DateAug | ust 14, 2009 | 9 | |
| Typed or printed name <u>John A. Krause</u> | | | | Registration No. | 24,613 | ···· | |
| an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223 | tiality is governed by 35 dapplication form to the ions for reducing this bur irginia 22313-1450. DC 13-1450. | U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR | 1.14. This collection is expedience of depending upon the indice Chief Information Offic COMPLETED FORMS T | stimated to take 12 min vidual case. Any comn er, U.S. Patent and Tra O THIS ADDRESS. S | oublic which is to file (and utes to complete, including the nents on the amount of tindemark Office, U.S. Deptend TO: Commissioner to lays a valid OMB control | I by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number. | |